CAMBODIA MEASLES VACCINE SUPPORT
This Decision Letter sets out the Programme Terms of a Programme

1. Country: Cambodia

2. Grant Number: 1215-KHM-09a-X

3. Date of Decision Letter: 24 September 2014

4. Date of the Partnership Framework Agreement: 06 November 2013

5. Programme Title: NVS, Measles second dose Routine

6. Vaccine type: Measles

7. Requested product presentation and formulation of vaccine: Measles, 10 dose(s) per vial, LYOPHILISED

8. Programme Duration¹: 2012 - 2015

9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):

<table>
<thead>
<tr>
<th>Programme Budget (US$)</th>
<th>2012-2014</th>
<th>2015</th>
<th>Total²</th>
</tr>
</thead>
<tbody>
<tr>
<td>US$725,500³</td>
<td>US$0</td>
<td>US$725,500</td>
<td></td>
</tr>
</tbody>
</table>

10. Vaccine Introduction Grant: Not Applicable

¹ This is the entire duration of the programme.
² This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table.
³ This is the consolidated amount for all previous years.
11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):

<table>
<thead>
<tr>
<th>Type of supplies to be purchased with Gavi funds in each year</th>
<th>2012-2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Measles vaccines doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of AD syringes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of re-constitution syringes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of safety boxes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Amounts (US$)</td>
<td>US$725,500</td>
<td>US$0</td>
</tr>
</tbody>
</table>

12. Procurement agency UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.

13. Self-procurement: Not applicable.


15. Operational support for campaigns: Not applicable

16. Additional documents to be delivered for future disbursements:

<table>
<thead>
<tr>
<th>Reports, documents and other deliverables</th>
<th>Due dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Progress Report or equivalent</td>
<td>To be agreed with Gavi Secretariat</td>
</tr>
</tbody>
</table>

17. Financial Clarifications: Not applicable.

18. Other conditions: Not applicable.

Signed by,

[Signature]

On behalf of the Gavi Alliance
Hind Khatib-Othman
Managing Director, Country Programmes
24 September 2014

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1 This is the amount that GAVI has approved. Please amend the indicative Annual Amounts from previous years if that changes subsequently.

2 This is the consolidated amount for all previously approved years.